

ARIZONA DEPARTMENT OF HEALTH SERVICES DIVISION OF PUBLIC HEALTH SERVICES NOTICE OF INSPECTION RIGHTS

Facility Inspected:				
Addre	ss:		City:	Zip:
Inspec	tor or Regulator:	Accompanied by:_		
OFFICE OF ENVIRONMENTAL HEALTH				
	This inspection is conducted under the authority of A			Chapter 1, Article 2;
2. S	nd Chapter 6, Article 1 and Arizona Administrative come of the activities during the inspection may include a services offered.			records, interview with staff, and
	The purpose of this inspection is to:			
	 Determine compliance with A.R.S. Title 3 Title 9, Chapter 8, Articles 1-8 and Articl law or rule relating to sanitation and health Conduct a complaint investigation. 	le 13 and any premise in which the D		
iı	n authorized on-site representative of the regulated interviews.	person may accompany the agency ir	nspector or regulator on the pr	emises, except during confidential
5. Y	 You have the right to have: Copies of any original documents taken by the original documents; 	y the agency during the inspection if	the agency is permitted by lav	v to take
	 A split of any samples taken during the in- being conducted or render an analysis inco 	onclusive; and	ould not prohibit an analysis t	rom
	Copies of any analysis performed on samp each person who has a conversation with the agency		pection that is tape recorded w	vill be informed that the
7. E v w p	conversation is being tape recorded. Each person interviewed will be informed that staten coluntary unless the person is legally compelled to p vitness statement that is drafted by the agency insperson's signature. The inspector, auditor or regulat	participate in the interview. The person octor, auditor or regulator and on which or may not prohibit the regulated per	on is allowed at least 24 hours the agency inspector, audito	to review and revise any written or or regulator requests the
8. Y d n	present during the interview to represent or advise the open or advise the open of the open open of the open open of the open open of the open open open open open open open ope	my information that would clarify an ontrary to state or federal law or unle	ess the agency determines that	the deficiencies are intentional,
	Jpon completion of the inspection or complaint inve Will conduct an exit interview and inform		ulator:	
	 Will afford you the opportunity to identify Will provide you with a copy of the inspection. 			e provided to you within 30
	our due process rights relating to an appeal of a fina need a copy of this statute, please contact our office		results of the inspection are fo	ound at A.R.S. § 41-1092. If you
11. F	For questions regarding the inspection or to get furth pased on the results of the inspection, you may contain 245, Phone: (602) 364-3118, FAX: (602) 364-3146	ner information about due process riginact: Office of Environmental Health,	hts of a regulated person relation 150 North 18 th Avenue., Suite	ng to an appeal of a final decision e 140, Phoenix, Arizona 85007-
12. Tł	here is no fee for this inspection. The inspector, auditor or regulator may not take any		rson less favorably or draw ar	y inference as a result of the
14. It	egulated person's decision to be represented by an a f the information and documents provided to the ag- ecrets and proprietary and confidential information	attorney or advised by any other expe ency inspector, auditor, or regulator b	rts in their field. become a public record, the re-	gulated person may redact trade
Upon o Inspec	entry to the premises for this inspection, the inspect tion Rights. I have read the disclosures and am not e to sign this form, the Arizona Department of Heal provided with a copy of the Small Business Bill of I	or(s) or regulator(s) presented photo ified of my inspection and due proces th Services representative(s) will pro	identification and reviewed w	ith me the above Notice of I that while I have the right to
Printed	d name of regulated person or on-site representative	of the regulated person	Signature	Date of Inspection

Date of Inspection

Agency Inspector(s) or Regulator(s) Signature